

# Registration Form – Deadline: November 8

(Scholarship deadline is October 11 – see application on other side)

One person per registration form. Please photocopy for additional forms. Please print.

All cancellation requests must be made in writing. Cancellations are subject to a \$30 administration fee. We regret that refunds cannot be offered for “no shows” or for cancellations received after November 8. Substitutes are welcome.

☐ Name

Position/Title

☐ Organization

☐ Address

☐ City

State

Zip

☐ Telephone (day)

(evening)

E-mail

☐ I am a Partner in Policymaking. Graduated in . Current class .

☐ I am a self-advocate.

☐ **Fees** (Please check all that apply.)

☐ Applying for scholarship (Indiana SSI or SSDI recipients only)

\$10

☐ Nonprofessional Indiana residents with disabilities and parents of people with disabilities

\$60

☐ Tuesday lunch

☐ Wednesday lunch (Awards program)

☐ Reception

(Includes one, two or all three events. Please indicate which you plan to attend.)

☐ Professional and all non-Indiana residents

\$130

☐ Tuesday lunch

☐ Wednesday lunch (Awards program)

☐ Reception

(Includes one, two or all three events. Please indicate which you plan to attend.)

☐ Wednesday lunch (Awards program) only

\$45

TOTAL ENCLOSED

\$

## ☐ Access Information

The Conference has accessible meeting space. Sign language interpreters and documents in alternate formats will be available throughout the Conference. Personal care attendants will be available to assist on a limited basis.

Conference participants should keep in mind that some of our colleagues have chemical sensitivities to such things as scented personal care products and smoke. All would appreciate your thoughtful consideration. Smoking is prohibited.

## ☐ Special Needs

☐ I require printed Conference materials in the following alternate format:

☐ Large Print

☐ Cassette Tapes

☐ Diskette

☐ I have special dietary needs. Please explain:

☐ I need a sign language interpreter.

☐ I need parking for high top van.

☐ I need wheelchair access.

☐ Other special needs (please explain):

☐ I have a service animal(s).

# Scholarship Application – Deadline: October 11

Scholarship applicants must fill out BOTH SIDES of this form.

Scholarships are available on a first-come, first-served basis to **Indiana SSI or SSDI recipients only**. Due to limited funding, we can only cover hotel rooms and part of the registration fee. Hotel expenses will be billed directly to the Council. People must share rooms (except in special circumstances). You will be notified about the scholarship within a week of returning this form. Please complete the special needs section. Call Sandy Kite Hunt, (317) 786-7272 (voice); or SKH4HOG@prodigy.net (e-mail) for more information.

- ☐ I am requesting a scholarship for \$50 of the registration fee, including the luncheon on both days and the reception. Applicant must pay \$10 for registration upon submitting request. Checks will be returned if scholarship is not approved.
- ☐ I (my child or other member of my household) am receiving Social Security (SSI or SSDI).

Applicant's Signature

Date

- ☒ If a personal care assistant (PCA) will be accompanying you to the Conference, please include his or her contact information below:

- ☒ Name of PCA
- ☒ Contact information for PCA during the Conference (required)

## Hotel overnight for scholarship recipients – Tuesday, November 19

**Note:** Only for scholarship recipients 50 miles or more outside Indianapolis. (Hotel reservations will be made for approved scholarship recipients only.) Scholarship recipients SHOULD NOT make their own reservations.

- ☐ I require a fully accessible room (bathroom grab bars, etc.).
- ☐ I require a room with wide entrance/bathroom doors only.
- ☐ I require a room equipped for a person with a hearing impairment.
- ☐ I require a room near the elevator due to vision impairment.
- ☐ I CANNOT be assigned a roommate because:
- ☐ Other (please explain):

- ☒ I prefer a: ☐ smoking ☐ non-smoking room.

- ☒ If applying for a scholarship – scholarship application, registration form and payment due by October 11.
- ☒ If not applying for a scholarship – registration form and payment due by November 8.

- ☒ Mail registration form (and scholarship application, if appropriate) with payment to:  
2002 Indiana Conference for People with Disabilities  
P.O. Box 47933  
Indianapolis, IN 46247-0933  
(317) 786-7272 (voice)  
(866) 786-7272 toll free (voice)  
(317) 786-7272 (fax)  
SKH4HOG@prodigy.net (e-mail)

- ☒ Make checks payable to:  
Sandy Kite Hunt  
c/o Conference for People  
with Disabilities

